



STATE OF CONNECTICUT  
DEPARTMENT OF BANKING  
CONSUMER CREDIT DIVISION  
260 CONSTITUTION PLAZA, HARTFORD, CT 06103-1800



**ATTESTATION FORM - CONSUMER COLLECTION AGENCY LICENSE - MAIN OFFICE**

I, \_\_\_\_\_, do hereby swear that the financial statement

dated \_\_\_\_\_, prepared by \_\_\_\_\_ **CPA/PA**  
(MM/DD/YYYY) (Name of CPA or PA)

and submitted in connection with the application \_\_\_\_\_  
(Name of Applicant)

for a Consumer Collection Agency License, is a true, accurate, and complete statement of the financial condition of said applicant to the best of my knowledge and belief.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Name and Title - Print)

State of \_\_\_\_\_

County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, personally appeared

\_\_\_\_\_  
(Name and Title)

to me known, and known by me to be the signer of the foregoing instrument, who being first duly sworn upon oath, deposes and says he/she has read, and knows the contents thereof, and that the alleged facts herein contained are true to his/her knowledge.

\_\_\_\_\_  
(Notary Public)  
(Commissioner of the Superior Court)

\_\_\_\_\_  
(My Commission Expires)

NOTE: This application must be signed by a Control Person listed on the Main Office Application